generator_name	STATE DEPT OF HEALTH SERVICES	
lc_name:	CAState Dept of Health Services	
lc_calc_volume:	9.6 tons	
manifest_number	manifest_quantity_ton	
87086810	9.6 tons	

State of California—Héalth and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-88) Please print or type. (Form designed for use on elite (12-pitch typewriter). UNIFORM HAZARDOUS 1. Generator's US EPA ID No. 2. Page 1 Information in the shaded areas C,A,D,9,8,1,4,0,3,8,4,3,0,000,000,000 WASTE MANIFEST is not required by Federal law Generator's Name and Mailing Address
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11a: WASTE PAINT & SOLVENTS, OVERPACKED IN 85G/RECOVERY K. Handling Codes for Wastes Listed Above 0 DRUMS. ら 能 り ON NA NA 15. Special Handling Instructions and Additional Information
DOHS OFF ROAD PROJECT #88-8-17 P/U LCC: E.O.C. FOOD PREP. CENTER ∞≨ 3120 W. NIELSON I.T. TAFT JOB #260722 표 FRESNO, CA CALL GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable alternational and national government regulations. SPILL If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste congration and select the best waste meneration. OR EMERGENCY

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EPA 6700—22 (Rev. 9-86) Previous editions are obsolete.

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS To: P.O. Box 3000, Socramento, CA 95812

INSTRUCTIONS ON THE BACK

generator_name	STATE DEPT OF HEALTH SERVICES	
lc_name:	CAState Dept of Health Services	
lc_calc_volume:	9.6 tons	
manifest_number	manifest_quantity_ton	
87086810	9.6 tons	

State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-88) tances Control Division Sacramento, California Please print or type. (Form designed for use on elite (12-pitch typewriter). UNIFORM HAZARDOUS 1. Generator's US EPA ID No. Information in the shaded areas WASTE MANIFEST CIAIDI9 8 11 4 10 13 18 14 13 10 10 10 10 10 is not required by Federal law. Generator's Name and Mailing Address
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 OMEGA RECOVERY CHEM. SERV. US EPA ID Number CALIFORNIA CALL CIAD 0 14 22 4500 12504 E. WHITTIER BLVD. H. Facility's Phone WHITTIER, CA 90602 IC | A | D | O | 4 | 2 | 2 | 4 | 5 | O | O | - 800-852-8886 13. Total Quantity 12. Containers 14. Unit Wt/Vol 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) No. Type *WASTE PAINT RELATED MATERIAL 461 WITHIN <u>FLAMMABLE LIOUID</u> NE 1312 DIM 1 1912 1010 Ř EPA/Other State FPA/Other d. PA/Other J. Additional Descriptions for Materials Listed Above
11a: WASTE PAINT & SOLVENTS, OVERPACKED IN 85G/RECOVERY K. Handling Codes for DRUMS. S E S F

15. Special Handling Instructions and Additional Information DOHS OFF ROAD PROJECT #88-8-17 I.T. TAFT JOB #260722

P/U LCC: E.O.C. FOOD PREP. CENTER 3120 W. NIELSON

FRESNO, CA

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

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	Printed/Typed Name	Signature	Marit De V	
	TRAVISE BARNER	13/10/11	Month Day Year	
	18. Transporter 2 Acknowledgement of Receipt of Materials	7900	101910171818	
	Printed/Typed Name			
		Signature	Month Day Year	
-	SAM PRITERBANCH	Som Butuloux	0900188	
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EPA 8700—22 (Rev. 9-86) Previous editions are obsolete.

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To- P.O. Box 3000, Sacramento, CA 95812

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generator_name	STATE DEPT OF HEALTH SERVICES	
lc_name:	CAState Dept of Health Services	
lc_calc_volume:	9.6 tons	
manifest_number	manifest_quantity_ton	
87086810	9.6 tons	4. 2. 3. 10.

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To: P.O. Box 3000, Sacramento, CA 95812

Toxic Substances Control Division Sacramento, California

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State of California—Health and Welfare Agency Form Approved OMB No. 2050—0039 (Expires 9-30-88)

DHS 8022 A (1/87)

(Rev. 9-86) Previous editions are obsolete.

EPA 8700-22

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generator_name	STATE DEPT OF HEALTH SERVICES	
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20. Facility Owner or Operator Certification of receipt of hazardou	is materials covered by this manifest except as noted in Item 19.			
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